

PROJECT 1075 RECORD

1. DATE - TIME GROUP 4 Apr 68 04/0300Z	2. LOCATION Worthington, Ohio (2 Witnesses)
3. SOURCE Civilian	10. CONCLUSION ✓ Probable (AIRCRAFT)
4. NUMBER OF OBJECTS 2 Each Time	Observer was sent a ll? but failed to return it as of this date. The observer lives near the Columbus Municipal airport and there seems to be no reason why the observer couldn't have observed
5. LENGTH OF OBSERVATION 1. 15 Minutes 2. 10 Minutes	11. BRIEF SUMMARY AND ANALYSIS aircraft with their landing lights on.
6. TYPE OF OBSERVATION Ground-Visual	At 2200 and at 2300 hrs, the observer sighted two white lights in the sky.
7. COURSE Not Reported	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3 Mar 68

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



MAR 13 1968

REPLY TO
ATTN OF:

TDPT/UFO

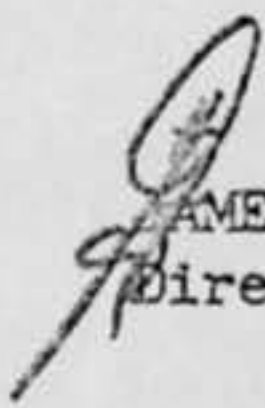
SUBJECT:

UFO Observation, 3 March 1968

TO:

[REDACTED]
Worthington, Ohio 43085

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

Duty Officer Report

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

3

Day

MAR

Month

68

Year

2. Time of day:

around 10

Hour around 11 Minutes 0

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other _____

(Circle One):

- a. Daylight Saving
- b. Standard

local

4. Where were you when you saw the object?

[REDACTED]

Waltham, O.

Nearest Postal Address

City or Town

State or County

5. How long was object in sight? (Total Duration)

Hours

Minutes

Seconds

15 min

10 min

- a. Certain
- b. Fairly certain

- c. Not very sure
- d. Just a guess

5.1 How was time in sight determined?

estimated

5.2 Was object in sight continuously?

Yes

No

not towards the end

6. What was the condition of the sky?

DAY

- a. Bright
- b. Cloudy

NIGHT

- a. Bright
- b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

- a. In front of you
- b. In back of you
- c. To your right

- d. To your left
- e. Overhead
- f. Don't remember

N/A

Sub 117

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid *two both times*
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer *average*
- ☒ c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - ☒ c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

- | | | |
|--------------------------------------|-------------------------------------|------------|
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |

near the end of night, near trees

14. Did the object disappear while you were watching it? If so, how?

yes! down to ground

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: *behind trees @ the end*

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☐ No ☒ Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound *no*

b. Color *white*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

match head would cover whole of it

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

*no trails;
clear to
coordinate*

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No *no*

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No *can't say too far*

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- ☒ b. In a car
- ☒ c. Outdoors
- d. In an airplane (type) _____
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- ☒ c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour. *stopped to observe*

24.3 Did you stop at any time while you were looking at the object?

(Circle One) ☒ Yes No

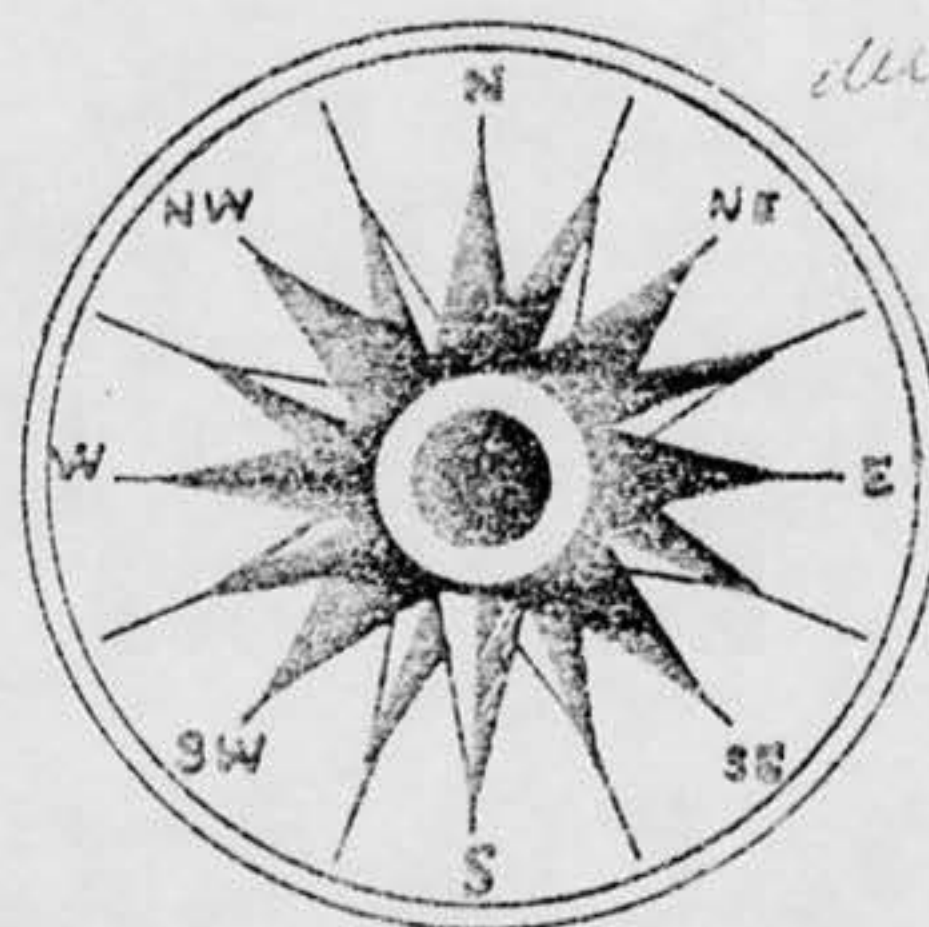
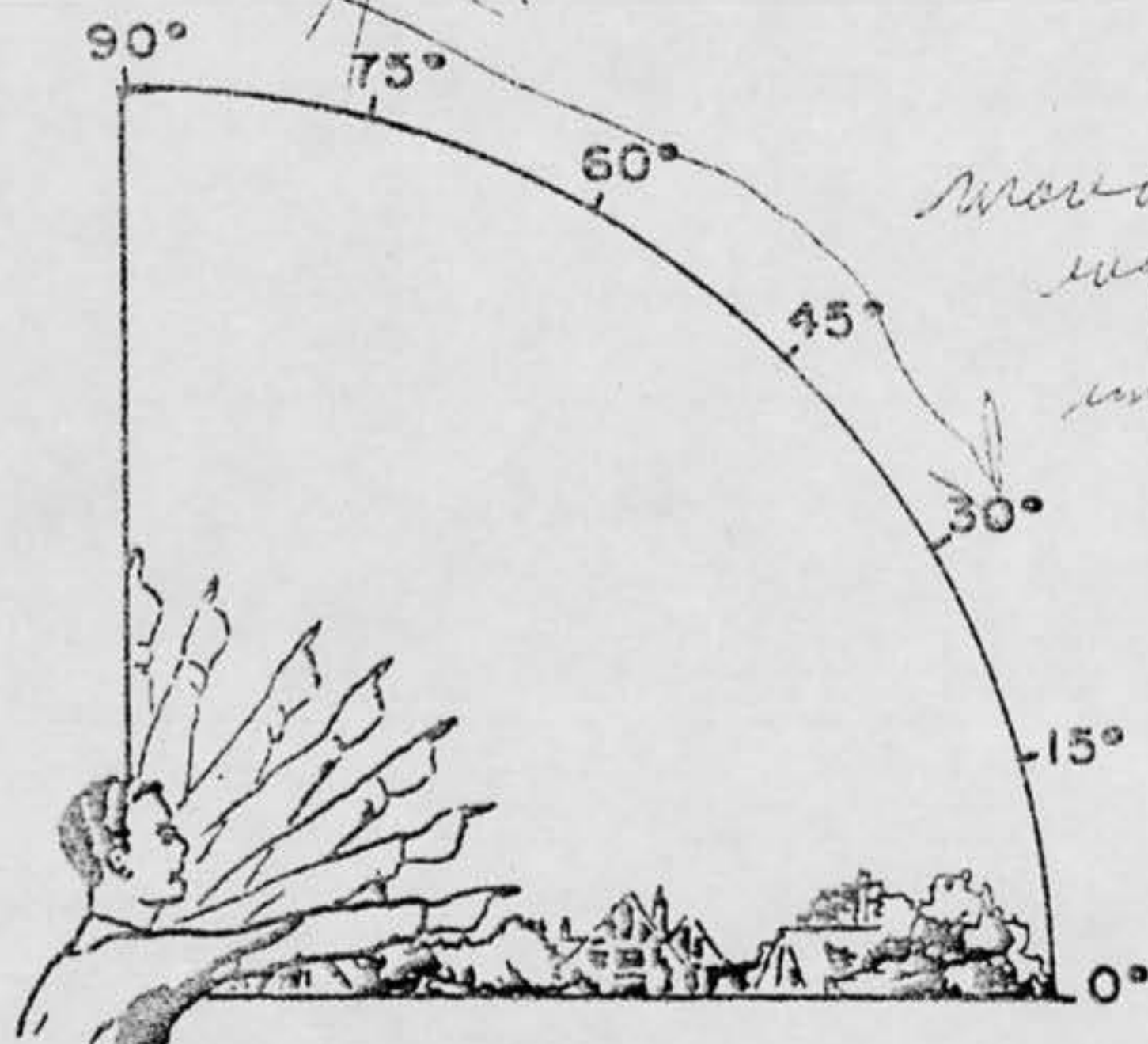
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|---|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | <input checked="" type="radio"/> Yes <i>1st</i> | No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

no analogy

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

moved all over suddenly

29. IF there was MORE THAN ONE object, then how many were there? 2 objects, each line
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

Traveling side by side

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

*once @ Capt Natteras
few years ago*

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

No

31.2 Please list their names and addresses:

[Redacted] *[Redacted]*
Washington D.C. *[Redacted]*
- my fiancée - [Redacted], she saw it

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

3
Day

April
Month

68
Year

34. Date you completed this questionnaire: _____

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

*He feels that it may have
landed — as it went out, it
finally sat down to left, stopped
& moved slowly in controlled
condition.*